

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 7/20/2004

ADDENDUM TO BID #35 SLUDGE DIGESTER RETROFIT, SUPPLY AND INSTALL

ADDENDUM # 1

DATE OF BID OPENING: #35 - 7/30/2004

TIME OF BID OPENING: 1:45 PM

CLARIFICATION OF INSURANCE REQUIREMENTS:

INSURANCE:

Prior to award of this bid, the bidder shall furnish a Certificate of Insurance as evidence of existence of broad form comprehensive general liability (CGL) in minimum amount of not less than \$250,000.00 per claimant, and \$2,000,000.00 per incident to include fire and extended coverage in an amount not less than 80% of the whole replacement value of the property.

The bidder shall, at its sole expense, obtain said insurance and maintain in force, and shall require any sub-contractor or assignee to obtain and maintain in force, both for the benefit of the State. The certificates shall contain a clause prohibiting cancellations or modifications of the policy through **12/31/2004**.

The policies described above shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire.

TERM REQUIREMENT:

The certificates shall contain a clause prohibiting cancellations or modifications of the policy through **12/31/2004**.

PLEASE UTILIZE THIS INFORMATION WHEN MAKING AN OFFER FOR BID #35

NOTE: IN THE EVENT THAT YOUR BID HAS BEEN SENT TO THIS OFFICE PRIOR TO RECEIVING THIS ADDENDUM, RETURN ADDENDUM WITHIN THE SPECIFIED TIME WITH ANY CHANGES YOU WISH TO MAKE AND MARK ON THE REMITTANCE ENVELOPE BID NUMBER AND OPENING DATE. RETURNED ADDENDUM WILL SUPERSEDE ANY PREVIOUSLY SUBMITTED BIDS.

BIDDER: _____
PLEASE TYPE OR PRINT NAME

ADDRESS: _____

BY: _____
THIS BID MUST BE SIGNED

ZIP _____
TEL.# _____

PURCHASING AGENT: MICHAEL P. WALSH II
TEL#: (603) 271-3235
FAX#: (603) 271-2700